

WATER WELL RECORD

Form WWC-5

Division of Water Resources; App. No.

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number																																																																											
County: SALINE		NW ¼ SE ¼ NW ¼	25	T 14 S	R 3W E/W																																																																											
Distance and direction from nearest town or city street address of well if located within city? 2046 LELAND WAY			Global Positioning Systems (decimal degrees, min. of 4 digits)																																																																													
2 WATER WELL OWNER: JOYCE HUNT RR#, St. Address, Box # : 2046 LELAND WAY City, State, ZIP Code : SALINA, KS. 67401			Latitude: _____																																																																													
			Longitude: _____																																																																													
			Elevation: _____																																																																													
			Datum: _____																																																																													
Data Collection Method: _____																																																																																
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: <div style="text-align: center;"> <table border="1" style="margin: auto;"> <tr><td colspan="2">N</td></tr> <tr> <td>-- NW --</td> <td>-- NE --</td> </tr> <tr> <td style="text-align: center;">X</td> <td></td> </tr> <tr> <td>-- SW --</td> <td>-- SE --</td> </tr> <tr><td colspan="2">S</td></tr> </table> </div>		N		-- NW --	-- NE --	X		-- SW --	-- SE --	S		4 DEPTH OF COMPLETED WELL50..... ft. Depth(s) Groundwater Encountered (1).....24..... ft. (2)..... ft. (3)..... ft. WELL'S STATIC WATER LEVEL.....24..... ft. below land surface measured on mo/day/yr 06-07-06 Pump test data: Well water was.....30..... ft. after.....1..... hours pumping...25..... gpm Est. Yield.....gpm: Well water was..... ft. after..... hours pumping..... gpm WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial <u>7 Domestic (lawn & garden)</u> 10 Monitoring well Was a chemical/bacteriological sample submitted to Department? Yes ...X... No; If yes, mo/day/yr Sample was submitted..... Water well disinfected? Yes ...X... No																																																																				
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5 TYPE OF CASING USED: 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued..X.... Clamped..... 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded..... <u>2 PVC</u> 4 ABS 7 Fiberglass Threaded..... Blank casing diameter5..... in. to45..... ft., Diameter..... in. to ft., Diameter..... in. to ft. Casing height above land surface.....20..... in., Weight.....1.60..... lbs./ft. Wall thickness or guage No. SDR-26 TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stainless Steel 5 Fiberglass <u>7 PVC</u> 9 ABS 11 Other (Specify) 2 Brass 4 Galvanized Steel 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole) SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot <u>3 Mill slot .0255</u> Guazed wrapped 7 Torch cut 9 Drilled holes 11 None (open hole) 2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw Cut 10 Other (specify) SCREEN-PERFORATED INTERVALS: From...45..... ft. to50..... ft., From..... ft. to ft. From..... ft. to ft., From..... ft. to ft. GRAVEL PACK INTERVALS: From...22..... ft. to50..... ft., From..... ft. to ft. From..... ft. to ft., From..... ft. to ft.																																																																																
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other Grout Intervals: From ...0..... ft. to22..... ft., From..... ft. to ft., From..... ft. to ft. What is the nearest source of possible contamination: 1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 13 Insecticide Storage 16 Other (specify 2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 14 Abandoned water well below) <u>3 Watertight sewer lines</u> 6 Seepage pit 9 Feedyard 12 Fertilizer Storage 15 Oil well/gas well Direction from well? SOUTH How many feet?45.....																																																																																
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7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) 06-07-06 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 388 This Water Well Record was completed on (mo/day/year) 06-07-06 under the business name of PESTINGER PUMP SERVICE by (signature) <i>[Signature]</i> INSTRUCTIONS: Use typewriter or ball point pen. <u>PLEASE PRESS FIRMLY</u> and <u>PRINT</u> clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each <u>constructed</u> well. Visit us at http://www.kdhe.state.ks.us/geo/waterwells .																																																																																